



City of Fairfax, Virginia

FIRE DEPARTMENT / CODE ADMINISTRATION

10455 Armstrong Street • Room 208 • Fairfax, VA 22030-3630

P 703.385.7830 • www.fairfaxva.gov/code

BACK-FLOW PREVENTION DEVICE TEST REPORT

In accordance with the provisions of the Virginia State Waterworks Regulation and the Virginia Statewide Building Code, all testable back-flow devices must demonstrate satisfactory operation through annual testing.

ADDRESS:	INSPECTION DATE:
BUSINESS NAME:	USE OF DEVICE:
CONTACT NAME & NUMBER:	LOCATION OF DEVICE IN BUILDING:

DEVICE: _____ / _____ / _____ / _____ / _____
 Manufacturer Model # Size Type Serial #

☐ New Installation? ☐ Replacement? ☐ Existing? / Rebuild every 5 years. Rebuild date _____

	REDUCED PRESSURE DEVICES				PRESSURE VACUUM BREAKER		
	DOUBLE CHECK DEVICES			DIFFERENTIAL PRESSURE RELIEF VALVE	Air Inlet Valve	Check Valve	
	Check Valve #1	Check Valve #2	Check Valve #3		OPENED AT _____ PSID	<input type="checkbox"/> LEAKED	
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> TIGHT	<input type="checkbox"/> LEAKED <input type="checkbox"/> TIGHT	OPENED AT _____ PSID	<input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> TIGHT	TESTED BY: DATE:
REPAIRS & MATERIALS USED							REPAIRED BY: DATE:
TEST AFTER REPAIR	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	OPENED AT _____ PSID	OPENED AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT	TESTED BY: DATE:

Remarks _____

CERTIFICATION: I have made the above test and hereby certify that this back-flow prevention device performed satisfactorily and meets all Federal, State and Local codes and regulations as required.

TESTER: _____ / _____ / _____
 Signature Print Name Date

Testing Company _____

Company Address _____ / _____ / _____
 # and street City State Zip

Phone # _____ VA State License # _____ Expires _____

NOTICE

Prior to testing any portion of a fire protection/sprinkler system, you must first notify the City of Fairfax Fire Marshal's Office at 703-385-7830 that the system is being taken out of service. After completion of testing, you must again call the number above to report the system back in service. Failure to follow these instructions will result in a false alarm and the responsible party may be subject to penalties.